

Application of Surgical Protocols for the Treatment of Highly Irregular Astigmatism with Topographic Guided Ablation in a Case of Post-LASIK Ectasia [Corrigendum]

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Following queries raised post-publication, the Conclusions section on page 97 of the published paper has been revised to clarify that the comparison was between an observed intervention and a retrospectively modelled intervention. The new Conclusions section below now makes it clear that further comparative studies are needed.

Conclusions

While these findings highlight meaningful differences in theoretical treatment planning approaches, the comparison is limited by the fact that only one intervention was clinically performed and the alternative strategies were retrospectively modelled rather than clinically executed. Accordingly, the observations do not establish definitive comparative superiority or statistical generalizability. However, the measured vector divergence and observed clinical outcome support the conditional inference that the LYRA protocol may provide superior refractive correction compared with the retrospectively-modeled Phorcidex and manifest-based treatment strategies in comparable ectasia cases.

These observations suggest that further prospective and comparative studies are warranted to better understand the role of different planning strategies in eyes with highly irregular astigmatism and ectasia.

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